

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lusetta Barnes

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Albert Barnes			Father's Birthplace	Pa
Mother's Maiden Name	Lizzie Clark			Mother's Birthplace	Md
Name of person giving information	Albert Barnes			How related to deceased	Father

CAUSES OF DEATH

Primary	True Cholera Infantum		105	How long	18 hrs.
Immediate	Exhaustion			How long	18 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Montgomery		
		Address	Baltimore, Maryland, Md.		
Accident or Suicide?	No		✓		



Name  
in  
Full

Willie Beeler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County.		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	6	23	70	1	3	
Sex	Female	Color or Race	White	Birth-place	Fairplay	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	John H. Beeler			
Father's Name	Oliver Baker		Father's Birthplace	Wash. D. C.		
Mother's Maiden Name	Susain Stonebaker		Mother's Birthplace	Wash. D. C.		
Name of person giving Information	Willie Beeler		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dilated Heart	(1)	How long	2 years
Immediate	Exhaustion	(1)	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	U. M. Reichard	
		Address	Fairplay.	
Accident or Suicide?		✓		



Name  
in  
Full

Annetta Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Hagerstown	Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Letered	Age	—	Birth-place
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Harry Barnes		Father's Birthplace	Md		
Mother's Maiden Name	Margaret Bell		Mother's Birthplace	Md		
Name of person giving information	Margaret Bell		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long
Immediate	Spasms		11 few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
		Address	Mr. Coffey Hagerstown Md Auditorium
Accident or Suicide?			

Rose Hill

Name  
in  
Full

Ames Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Bellmore

County

washington

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1906 Jan

18

70

Age

Sex

Female

Color or  
Race

white

Birth-  
place

washington md

Occupation

H.W.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

DR Hager

How related  
to deceased

now

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inanition

How long

six mos.

Immediate

Exhaustion

154

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

MR Morrison

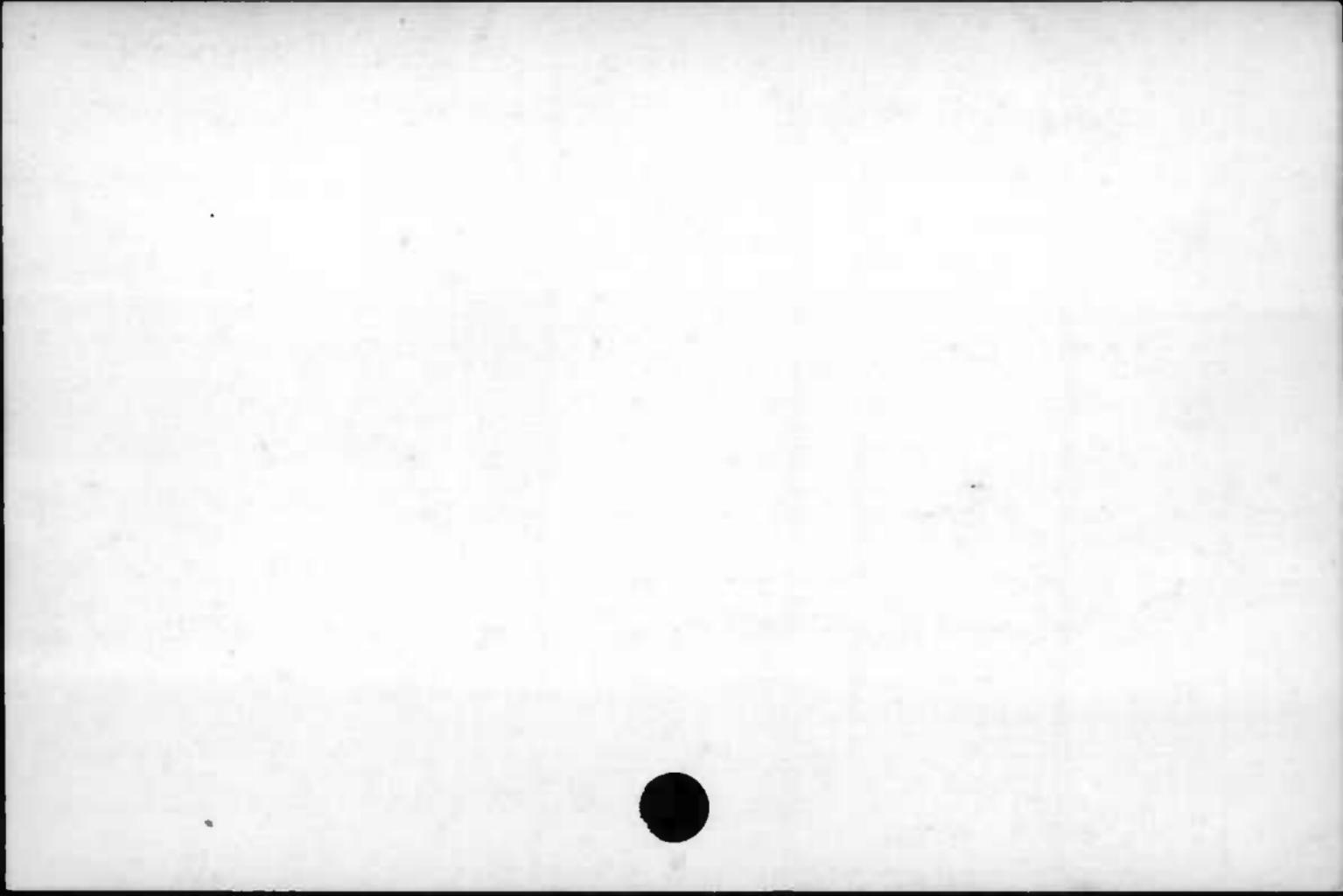
Address

Hagerstown md

Accident or Suicide?

no

✓



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Brooke

MARYLAND

Died at	Town	County				
Hancock	Washington					
Date of death 1906	Month June	Day 21	Age 83	Years	Months 6	Days 12
Sex male	Color or Race white	Birthplace Cheshire Eng				
Occupation Farmer	Where Residing if not at place of death Hancock Md					
Married, Single or Widowed Widower	Name of Wife or Husband Rachel Gregory Brooke					
Father's Name Thos. Brooke	Father's Birthplace England					
Mother's Maiden Name Sidebotham	Mother's Birthplace "					
Name of person giving information J. J. Fields	How related to deceased Son in law					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion

How long

10 hours

Immediate

Phenomenon

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

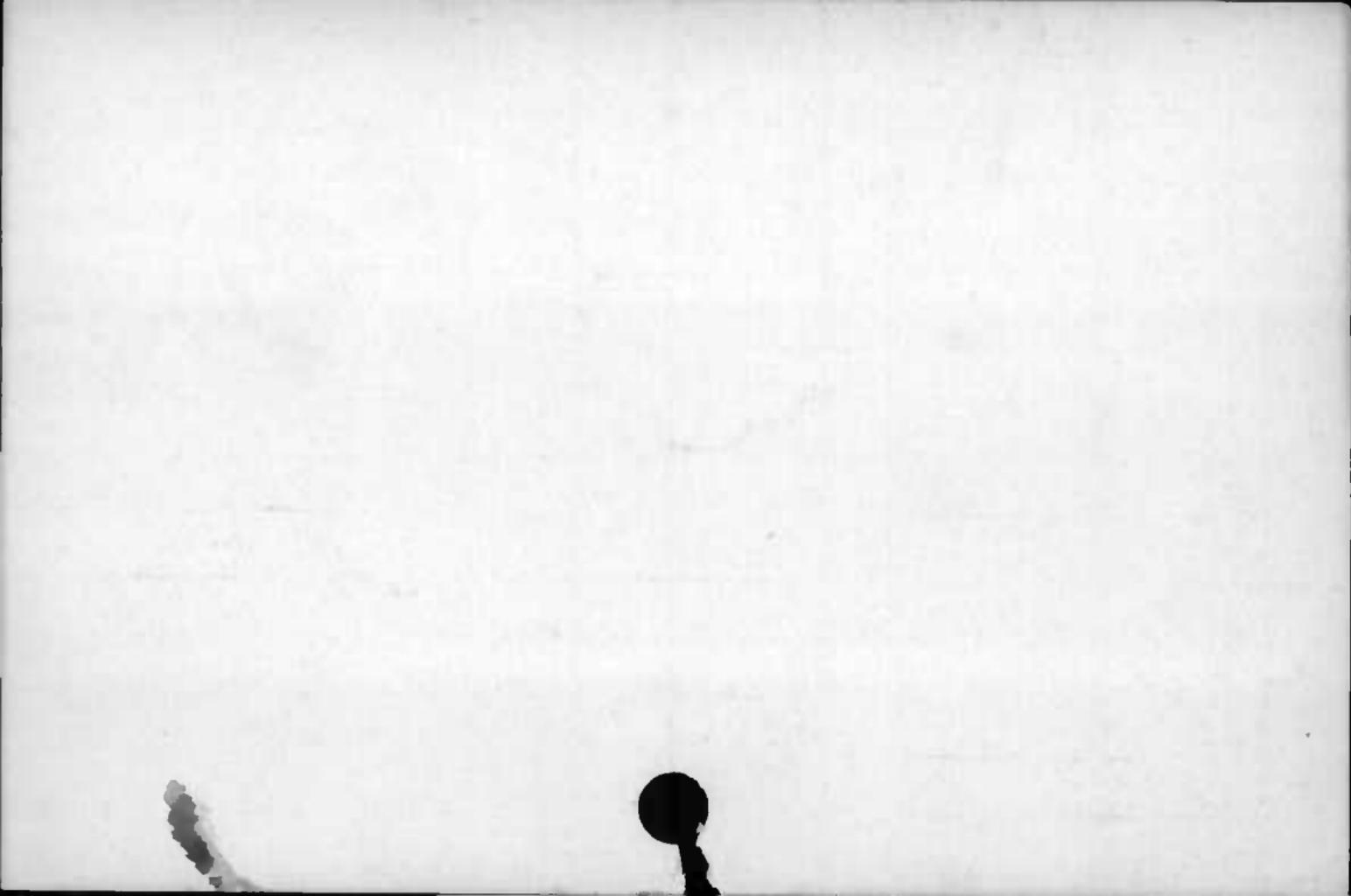
104

Lawson

Doran and Co.  
Md

Accident or Suicide?

No



Name  
in  
Full

Lloyd Brooks

✓ 1-302

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
1906	June	4	— —
Age	58		
Sex	Male	Color or Race	Black
Occupation	Salover	Where Residing if not at place of death	Downsville
Married, Single or Widowed	Married	Name of Wife or Husband	Johanna Brooks
Father's Name	Vauburan Brooks	Father's Birthplace	Downsville
Mother's Maiden Name	Airy Alter	Mother's Birthplace	Frederick Co. Md.
Name of person giving information	Mammi Brooks	How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Zephritis  
Cerebrum

(120)

How long

3 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

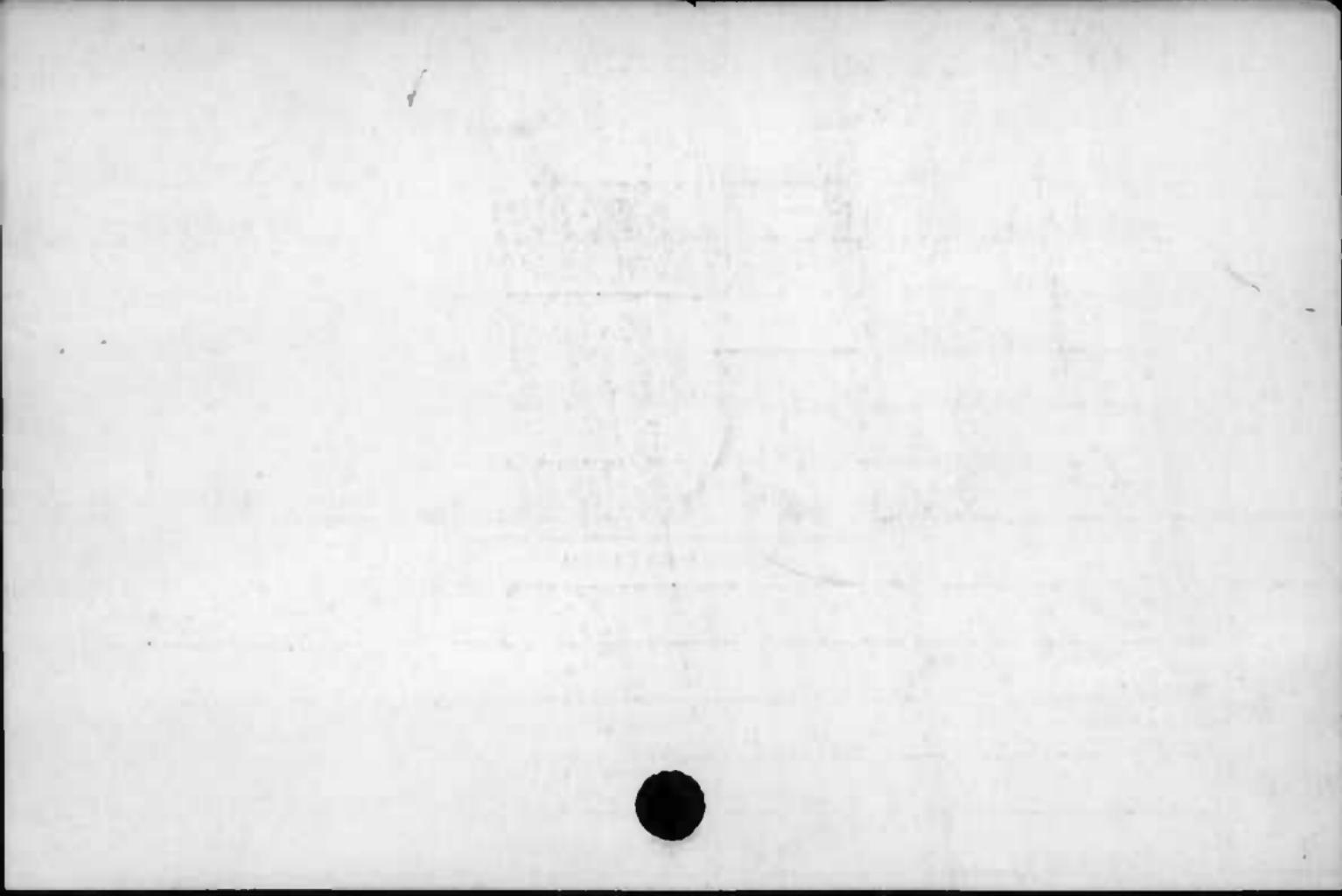
Signature of Physician

Devin M. Westz:

Address

Williamsport  
Maryland

Accident or Suicide?



Name  
in  
Full

William W. Brown

CERTIFICATE OF DEATH

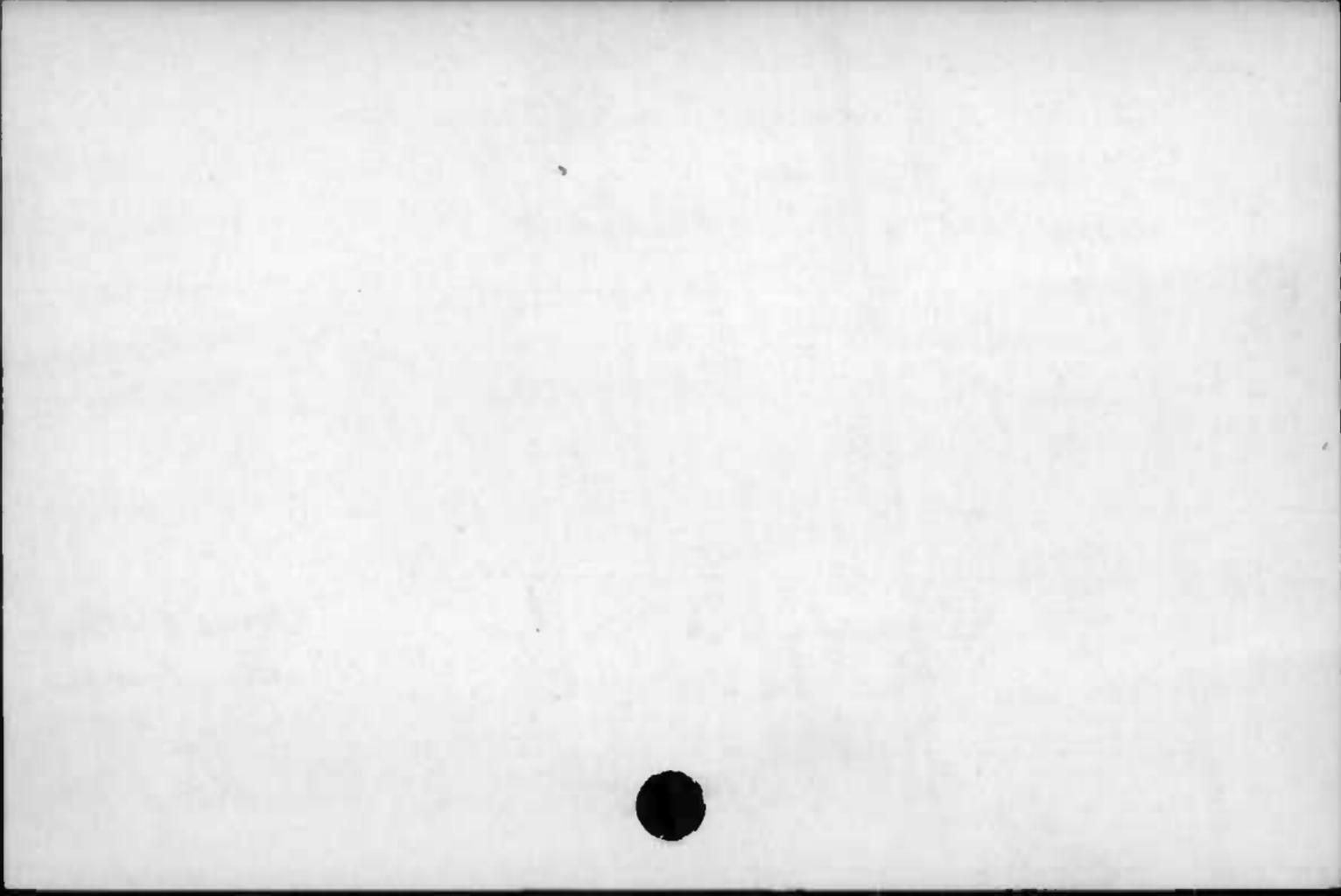
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	6	25	64 2 25
Sex	Color or Race	Birth-place	
male	white	md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife	—	
married	—		
Father's Name	Michael Brown		
Mother's Maiden Name	Elizabeth		
Name of person giving information	Mrs W. W. Brown wife		

CAUSES OF DEATH

Primary	How long
Immediate	How long
Rheumatism	One year
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
	SW Unstet MD
	Hagerstown, Md
Accident or Suicide?	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John G Burger						CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND			
Date of death	Month	Day	Years	Age	Months	Days		
1906	6	17	74					
Sex	Color or Race	white			Birth- place	Germany		
Occupation	Where Residing If not at place of death							
Married, Single or Widowed	Name of Wife	Annie M. Burger						
Father's Name	Michael Burger					Father's Birthplace		
Mother's Maiden Name	Not Known					Mother's Birthplace		
Name of person giving Information	Annie M Burger					How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis  
Paralysis

How long

One month  
some weeks

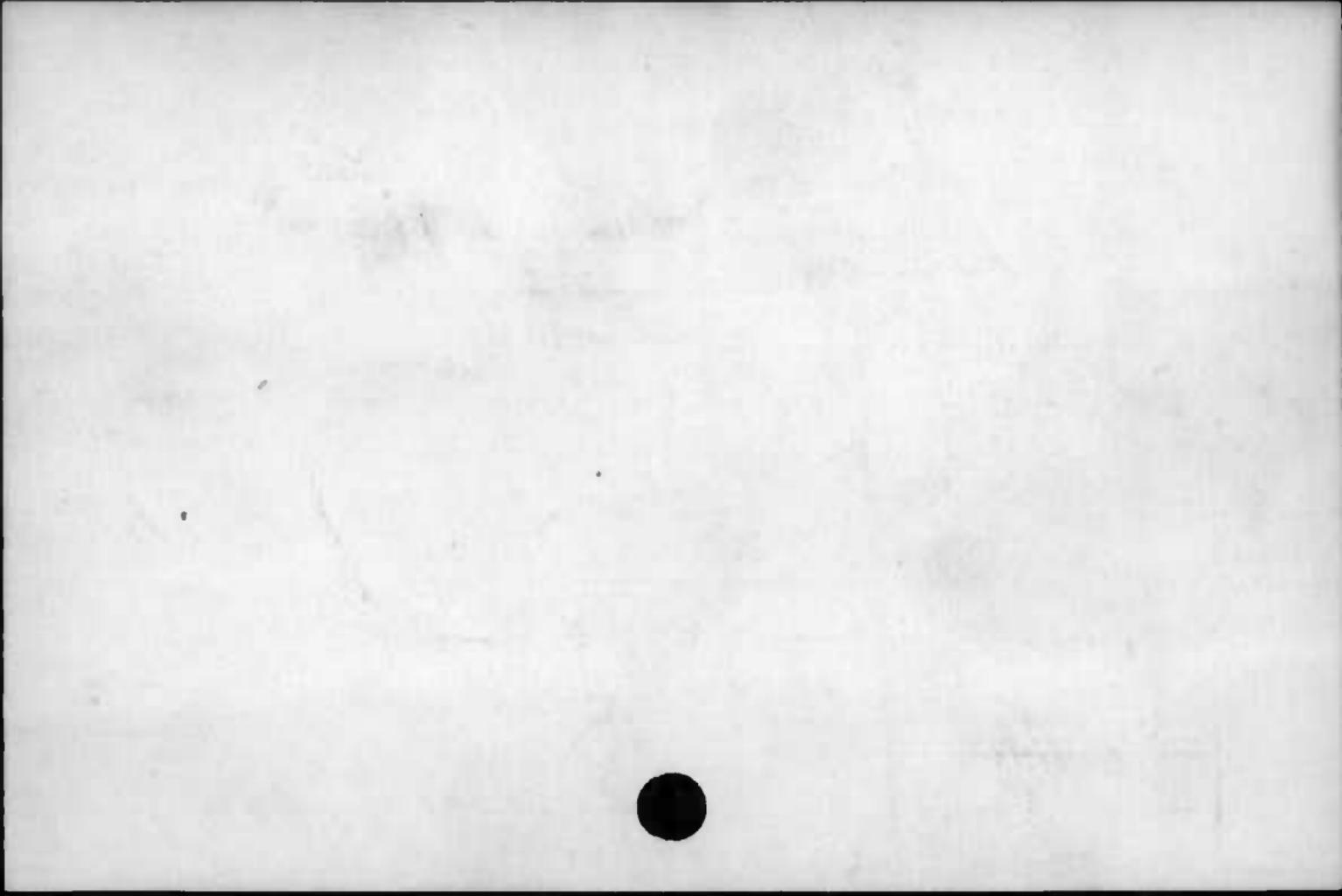
Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY

NEAREST FRIEND

Name in Full				CERTIFICATE OF DEATH			
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	male	Color or Race	Black	Birth- place	Md		
Occupation	Barker	Where Residing if not at place of death		Gettisburg Pa			
Married, Single or Widowed		Name of Wife or Husband	Magic Howard	Father's Birthplace	Unknown		
Father's Name	Alexander Dennis			Mother's Birthplace	Unknown		
Mother's Maiden Name	Alva Brown			How related to deceased	Wife		
Name of person giving Information	Magic Howard						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption  
exhaustion after trip from

How long

18 mo

Immediate

How long

Gettisburg

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Frank Bros

Over

Accident or Suicide?

Query made, but no response  
m m

Name  
in  
Full

Sarah Elles Dubrow CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Town Barn Creek County Washington MARYLAND  
Date of death Month 1906 June Day 17 Years Age 27 Months 4 Days 29  
Sex Female Color or Race White Birth-place Maryland

Occupation Where Residing If not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Jacole Dubrow

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Dotbora Dubrow

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Dotbora Dubrow

How related  
to deceased

Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulerculosis Pulmonalis

How long

5 years

Immediate

Asthenia

How long

4 weeks

Are the name, age, sex, color, date  
and place correctly given above?

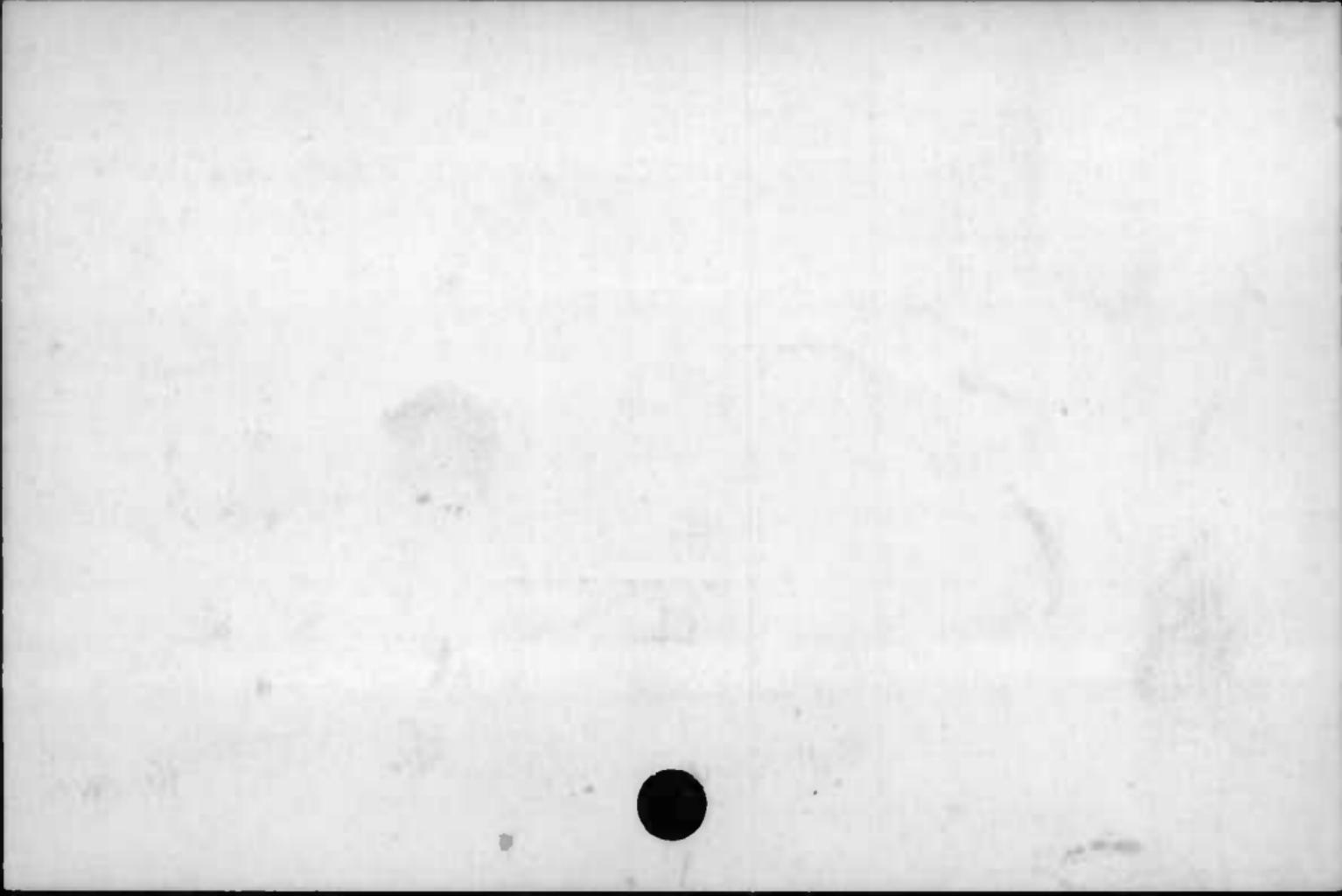
yes

Signature of  
Physician

Address

Stanl Quinn, M.D.  
Cheesonelle  
Matt. Co. Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Miss Sarah Leatharuis Eable

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death 1906	Month 6	Day 5	Years 58
Age	Months -	Days -	
Sex Female	Color or Race White	Birth-place Md	
Occupation House work	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace Md	
Father's Name Jacob Eable	Mother's Birthplace Md		
Mother's Maiden Name Leatharuis Wagner	How related to deceased	Brother	
Name of person giving information George Eable	(19)		

CAUSES OF DEATH

Primary	Fract disease. (Nutral murmur).	How long	3 yrs
Immediate	Gangrene of left. Exhaustion	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. W. Morrison
Yes		Address	Hagerstown Md
Accident or Suicide?			

Bakersville

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Still born child of C. E. & Mary Eichelberger					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
1906	6	24	Age				
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Elasnece E Eichelberger					Father's Birthplace	
Mother's Maiden Name	Mary Ebbert					Mother's Birthplace	
Name of person giving Information	C. E. Eichelberger					How related to deceased	
CAUSES OF DEATH							
Primary	Premature S					How long	
Immediate	"					How long	
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician	Mary Laughlin				
		Address	Hagerstown Md.				
Accident or Suicide?							



Name  
in  
Full

Jeremiah Everly.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife	Father's Birthplace	
Father's Name	James Everly	Mother's Birthplace	md.
Mother's Maiden Name	Mary Ritter	How related to deceased	Penma wife.
Name of person giving information	Mrs Emma Everly		

CAUSES OF DEATH

Primary

Apoplexy

How long

4 days

Immediate

Apoplexy

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Eppichindel, M.D.  
Hagerstown  
Md

Accident or Suicide?

No



Name  
in  
Full

Annie Amelia Fueeder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Dorothy Lee ann Amelia Boulder		
Father's Name	Timon Snyder		Father's Birthplace	Maryland
Mother's Maiden Name	Emmett Elodiey		Mother's Birthplace	Maryland
Name of person giving information	Daniel Fueeder		How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

6 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

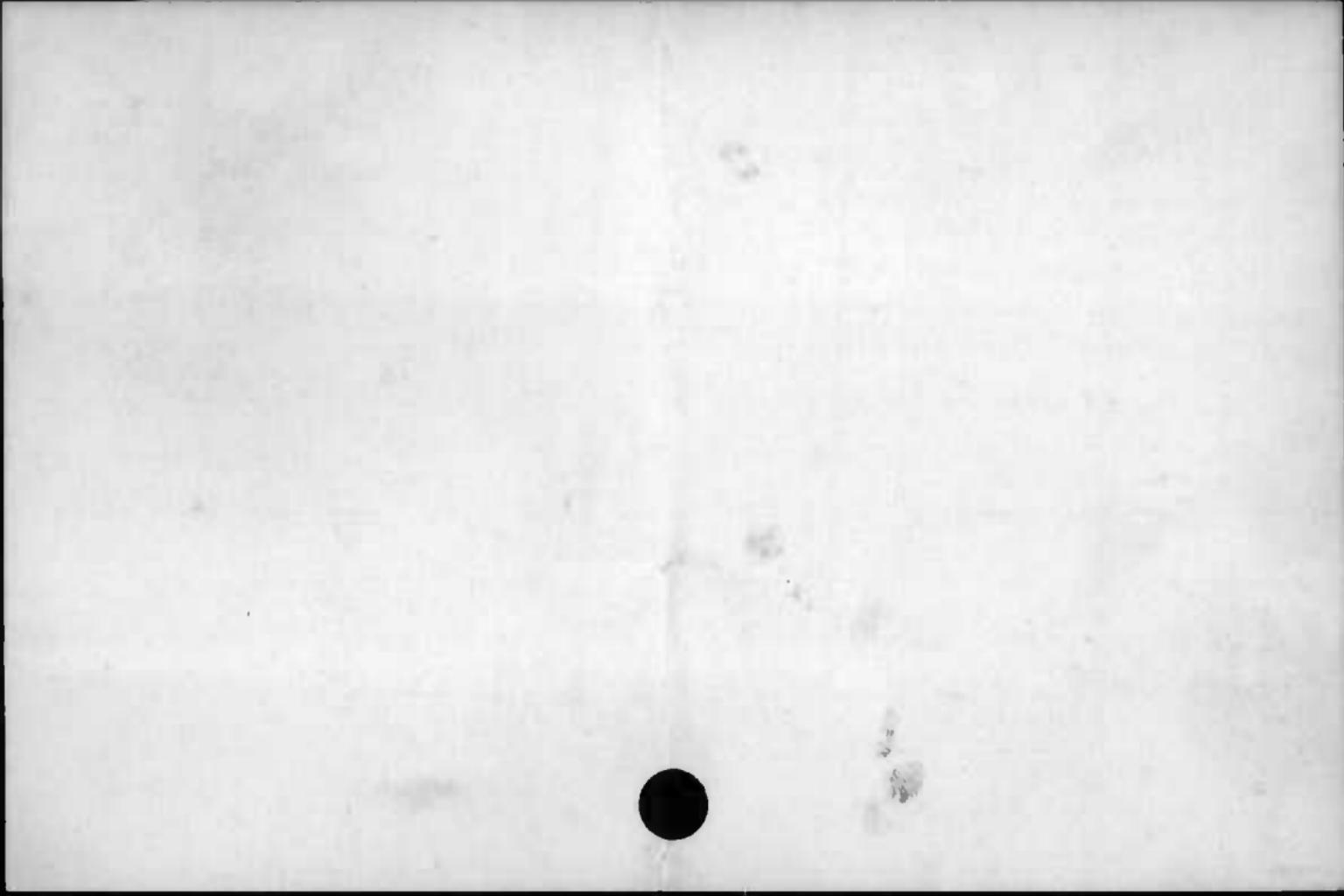
yes

Signature of Physician

Address

Bruce & Bost  
Baysboro  
McHenry Md.

Accident or Suicide?



Name  
in  
Full

Sarah Ann Flora

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	51	5	6
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Wilford L. Flora			
Father's Name	Jacob G. Flora				
Mother's Maiden Name	Sarah Liphoid				
Name of person giving Information	Wilford L. Flora				

CAUSES OF DEATH

Primary

Apoplexy



How long

No time

Immediate

Are the name, age, sex, color, date and place correctly given above?

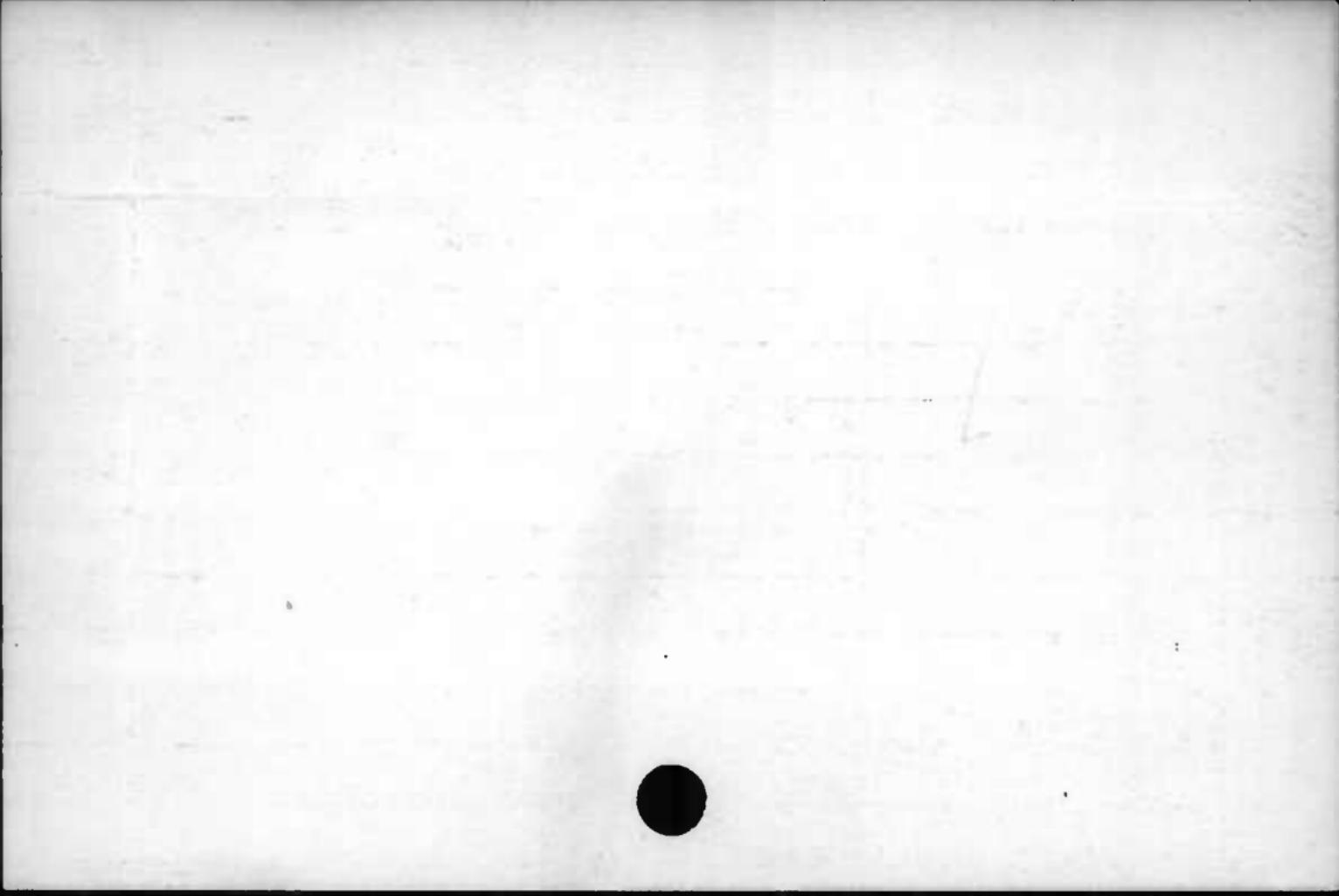
yes

Signature of Physician

Address

J.H. Wishard  
Leitersburg  
Md.

Accident or Suicide?



Name  
in  
Full

William E. Ford.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Males	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	James P. Ford			
Mother's Maiden Name	Malinda Young			
Name of person giving information	James P. Ford			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Interstitial Hepatitis		How long	5 months.	
Immediate	Exhaustion		(114)	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Hubert Trade, M.D.		
		Address	Boonsboro, Md.		
Accident or Suicide?		No.	✓		



Name

in  
Full

Willa Green

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Pardsville</u>		Town	County <u>Washington</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>6</u>	<u>7</u>	Years <u>47</u>	Age <u>47</u>	Months <u>9</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Glenmont Frederick</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Pardsville</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Geo. Green</u>					
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>					
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>not known</u>					
Name of person giving Information <u>Hearlana Green</u>	How related to deceased <u>Daughter</u>					

## CAUSES OF DEATH

Primary <u>Paralysis</u>	(60)	How long <u>Three years</u>
Immediate <u>Heart Failure</u>	(60)	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dra M D Refauor</u>	Address <u>Smithsburg Maryland</u>
<u>yes</u>		
<u>Accident or Suicide</u>		



Name  
in  
Full

Carrie Ruth Hartman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND	
Died at	Hagerstown	Washington			
Date of death	Month	Day	Years	Months	Days
1906	6	15	7	2	8
Sex	Female		Color or Race	White	
Occupation	—		Where Residing if not at place of death	Md	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Benjamin C. Hartman		Father's Birthplace	Md	
Mother's Maiden Name	Bertha E. Haase		Mother's Birthplace	Md	
Name of person giving Information	Benjamin Hartman		How related to deceased	Father	

CAUSES OF DEATH

Primary	Pneumonia with Measles	6	How long
Immediate	Cardiac Failure	6	How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

A.P. Stauffer

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John Hauptman						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death	1906	Month 6	Day 16	Years 88	Months	Days		
Sex	Male	Color or Race	White	Birth-place	Md			
Occupation	Retired Farmer							
Married, Single or Widowed	Widowed							
Father's Name	John Hauptman							
Mother's Maiden Name	Dora Kuey							
Name of person giving information	Aust. Hauptman							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility	(154)	How long
Immediate	Cardiac Failure		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Berryville Va

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Maurice Leon Herbert

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Arthur Herbert			Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Borderman			Mother's Birthplace	Op
Name of person giving information	Arthur Herbert			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

14 days

Immediate

..

(2)

How long

14 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. Rueller  
Hagerstown  
Md

Accident or Suicide?



Name  
in  
Full

Anelia Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	72 7 1/2
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Josiah Hill	
Father's Name	David Spong	Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Arneberger	Mother's Birthplace	"
Name of person giving information	Grace Hill	How related to deceased	Daughter.

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	General Debility	How long	For years
	Immediate	Bronchitis	How long	For sometime
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. V. Gaskins	
		Address	Sharpsburg MD	
Accident or Suicide?				

Eugene Market,  
Undertaker.

Name  
in  
Full

Hought

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Boonsboro

Carroll

Date  
of death

1906

Month

June

Day

13

Years

Age

Months

Days

2

Sex

Female

Color or  
Race

White

Birth-  
place

Boonsboro

To BE ANSWERED BY

NEAREST FRIEND

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Francis Hought

Father's  
Birthplace

Boonsboro

Mother's  
Maiden Name

Dela Easterday

Mother's  
Birthplace

"

Name of person giving  
information

Francis Hought

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

(157)

How long

Immediate

Suf. Nutrition

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

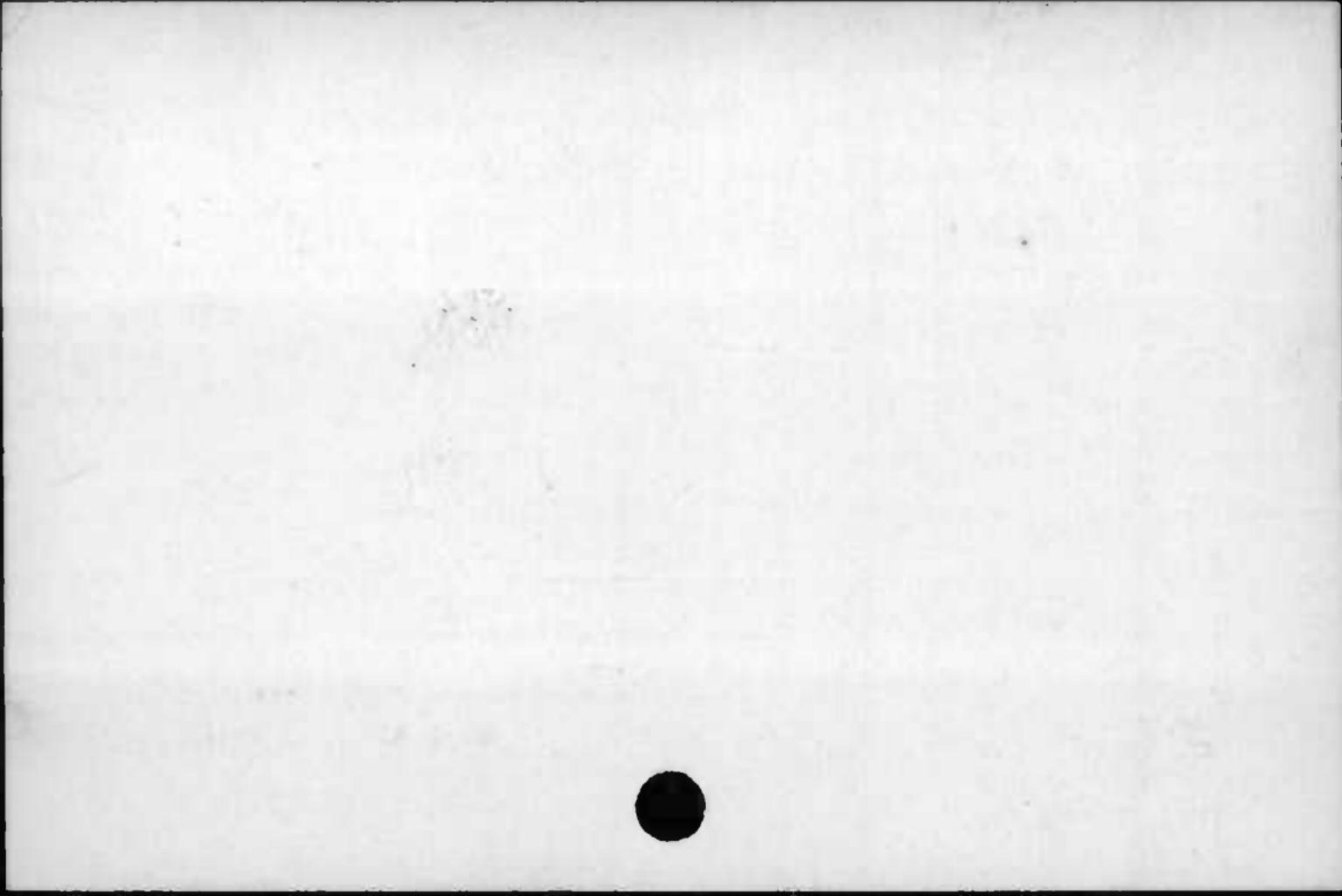
S. S. Davis

PHYSICIAN  
OR CORONER

Address

Boonsboro

Accident or Suicide?



Name  
in  
Full

Timothy Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William Howard	Father's Birthplace	Mid
Mother's Maiden Name	Mary Keisong	Mother's Birthplace	Mid
Name of person giving information	Elaytor Howard	How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cervico-Spinal meningitis I.B.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Wm. Pearson Miller

Accident or Suicide?

Address

Anuropolis ad

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John Knutzenberry -				CERTIFICATE OF DEATH		
Died at Boonsboro		Town	County		MARYLAND	
Date of death	1906 June	Month	Day	Year	Months	Days
Sex	Male	Color or Race	White	Birth-place		
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband			
Father's Name	John Knutzenberry		Father's Birthplace	Montgomery		
Mother's Maiden Name	Kuttenmeier		Mother's Birthplace	Maryland		
Name of person giving information	Anna M. Routzahn		How related to deceased	Daughter		

CAUSES OF DEATH

(79)

How long

Primary

Calcularious Disease Heart

272

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. B. Wheeler by son

Boonsboro

Maryland Co.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

73 F M Hurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	93	-	-		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Julie M Hurley					
Father's Name	James Hurley					Father's Birthplace	Md
Mother's Maiden Name	Ricqua Stevens					Mother's Birthplace	Md
Name of person giving information	David Hurley					How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

(2)

How long

One month

How long

Four months

Immediate

Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John B Doyle

Augusta M

Accident or Suicide?



Name  
in  
Full

Henry Irving

CERTIFICATE OF DEATH

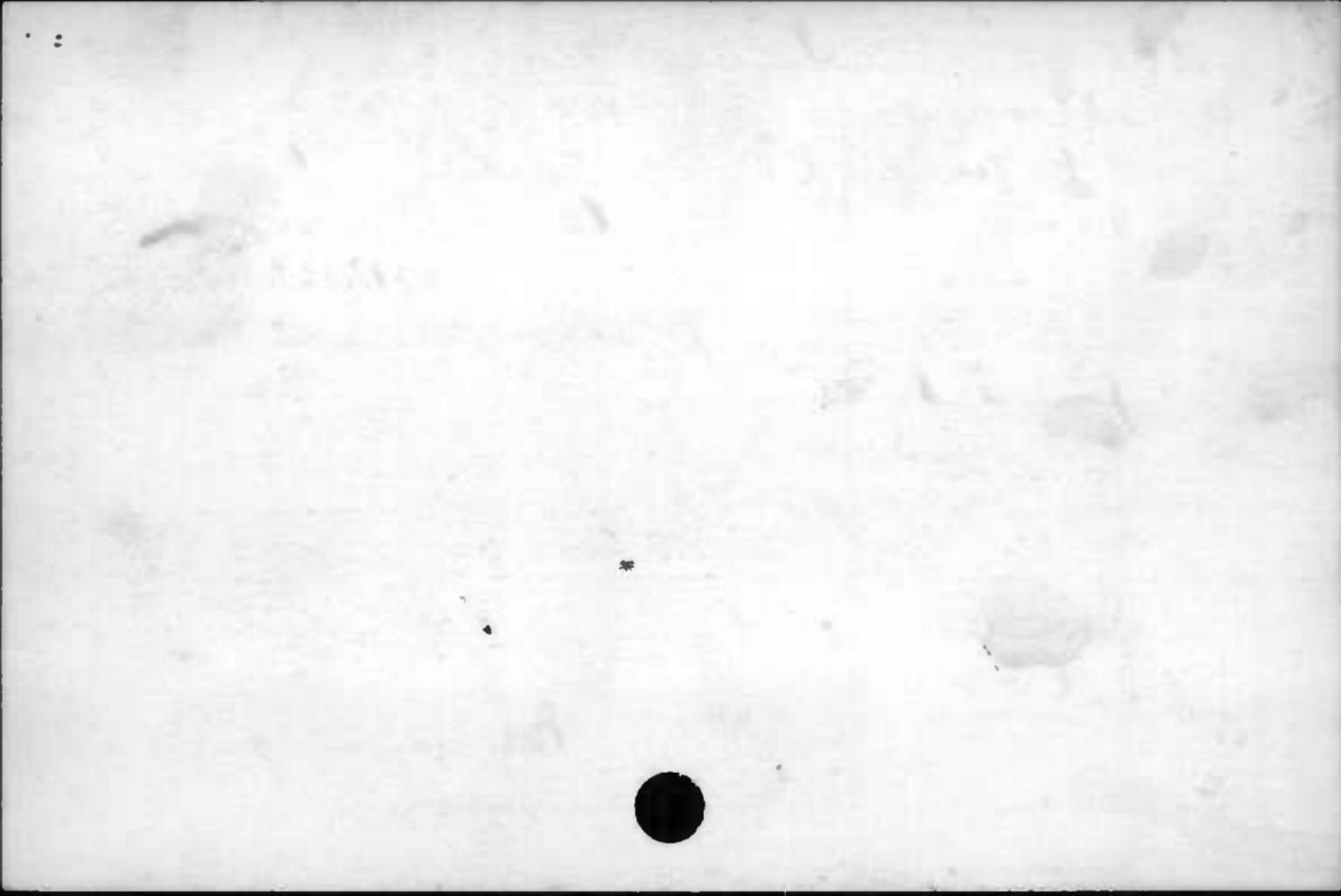
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County.	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation	1749 U.S. Line Washington				
Married, Single or Widowed	Name of Wife or Husband	Josephine K Miller			
Father's Name	John T. Irving				
Mother's Maiden Name	Helen Schinderman				
Name of person giving information	Biographical Dial. 6 Corp. Det. D				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sclerosis of Brain	74	How long	probably several years
Immediate	Coma		How long	8 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. Buckley M.D.
			Address	Middletown Maryland.
Accident or Suicide?			LIBRARY BUREAU ASS'D	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Alvee Kennedy						CERTIFICATE OF DEATH	
Died at Hagerstown			County Washington			MARYLAND	
Date of death	1906	Month 6	Day 12	Age 5-	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	7 Md		
Occupation	Child	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Alvee P Kennedy			Father's Birthplace	7 Md		
Mother's Maiden Name	Frances Surely			Mother's Birthplace	7 Md		
Name of person giving information	Frances Kennedy			How related to deceased	Widow		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diphtheria

(9)

How long

4 days

Immediate

Cardiac Failure

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

SM Coagulum,  
Hagerstown, Md.

Accident or Suicide?

No

Halfway

Name  
in  
Full

Arthur Morris Lightner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Hagerstown		County	Washington		MARYLAND	
Date of death	Month	Day	Years	Months	Days		
Sex	Hale	Color or Race	White	Birth-place	Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Nettie O. Moxzer		Father's Birthplace	Md	
Father's Name	Daniel B. Lightner				Mother's Birthplace	Md	
Mother's Maiden Name	Mary E. Egler				How related to deceased	Wife	
Name of person giving information	Nettie O. Moxzer						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever -	X	How long	Five weeks
Immediate	Haemorrhage & Peritonitis		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. A. Day -	
		Address	Hagerstown Md.	
Accident or Suicide?				

Buried

Union Bridge

Watkins

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		CERTIFICATE OF DEATH		
Date of death	Month	Day	Age	Years	Months	Days	State MARYLAND
1906	6	25	54		6	15	
Sex	Maled	Color or Race	Colored	Birth-place	Sharpsburg		
Occupation	Laborer	Where Residing if not at place of death			Truglo Lyles		
Married, Single or Widowed		Name of Wife or Husband	Emma R Lyles				
Father's Name	John Lyles			Father's Birthplace	Boonsboro		
Mother's Maiden Name	Humriatta Lee			Mother's Birthplace	Sharpsburg		
Name of person giving Information	Aira Latisha Lyles			How related to deceased	Daughter		

CAUSES OF DEATH

Primary

Dropsy

How long

1 year

Immediate

Suffocation

How long

3 Month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

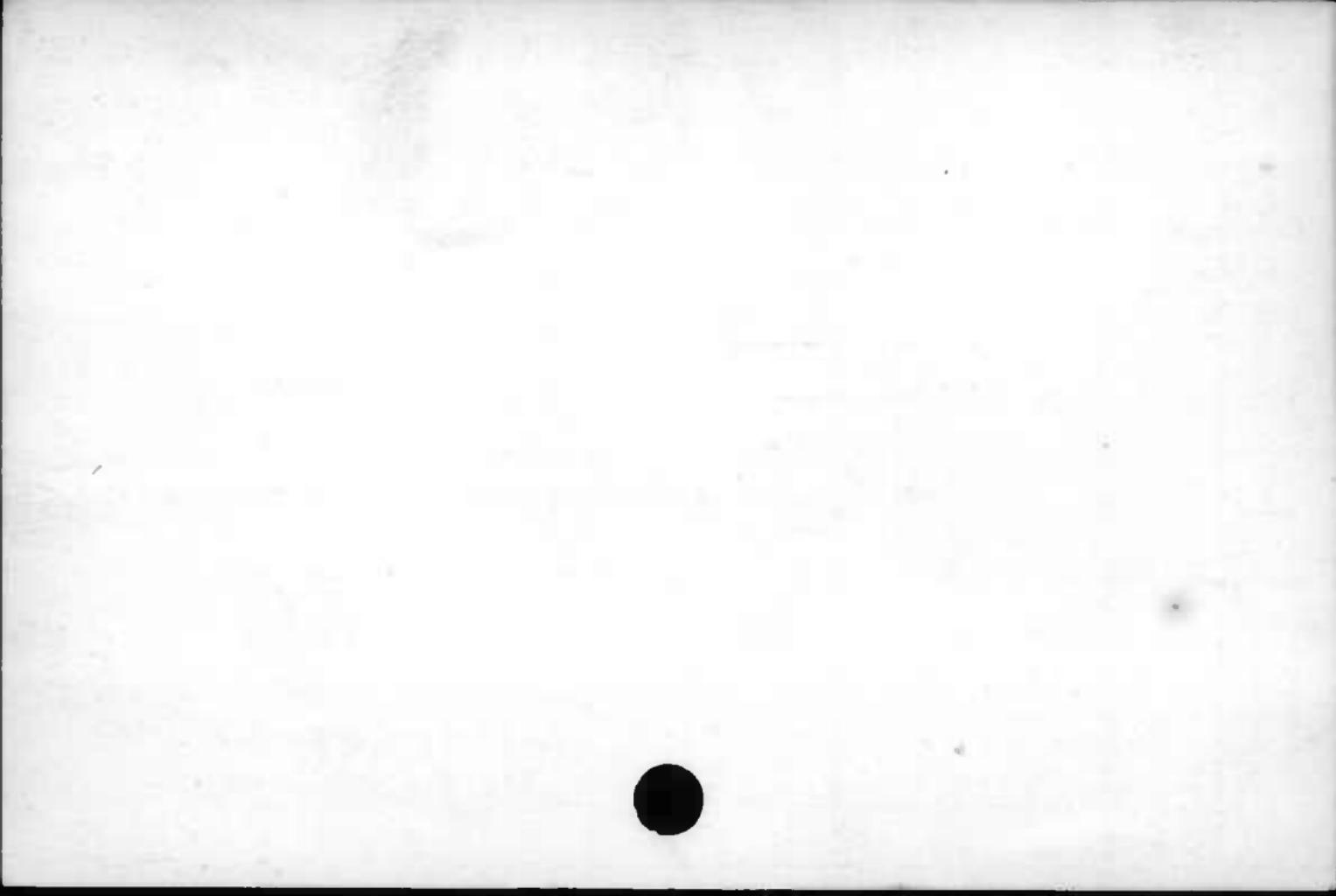
A. S. Zimmerman & Son

Address

Kanawha Villa

Accident or Suicide?

✓ will



Name  
in  
Full

Samuel B. McCaulay

CERTIFICATE OF DEATH

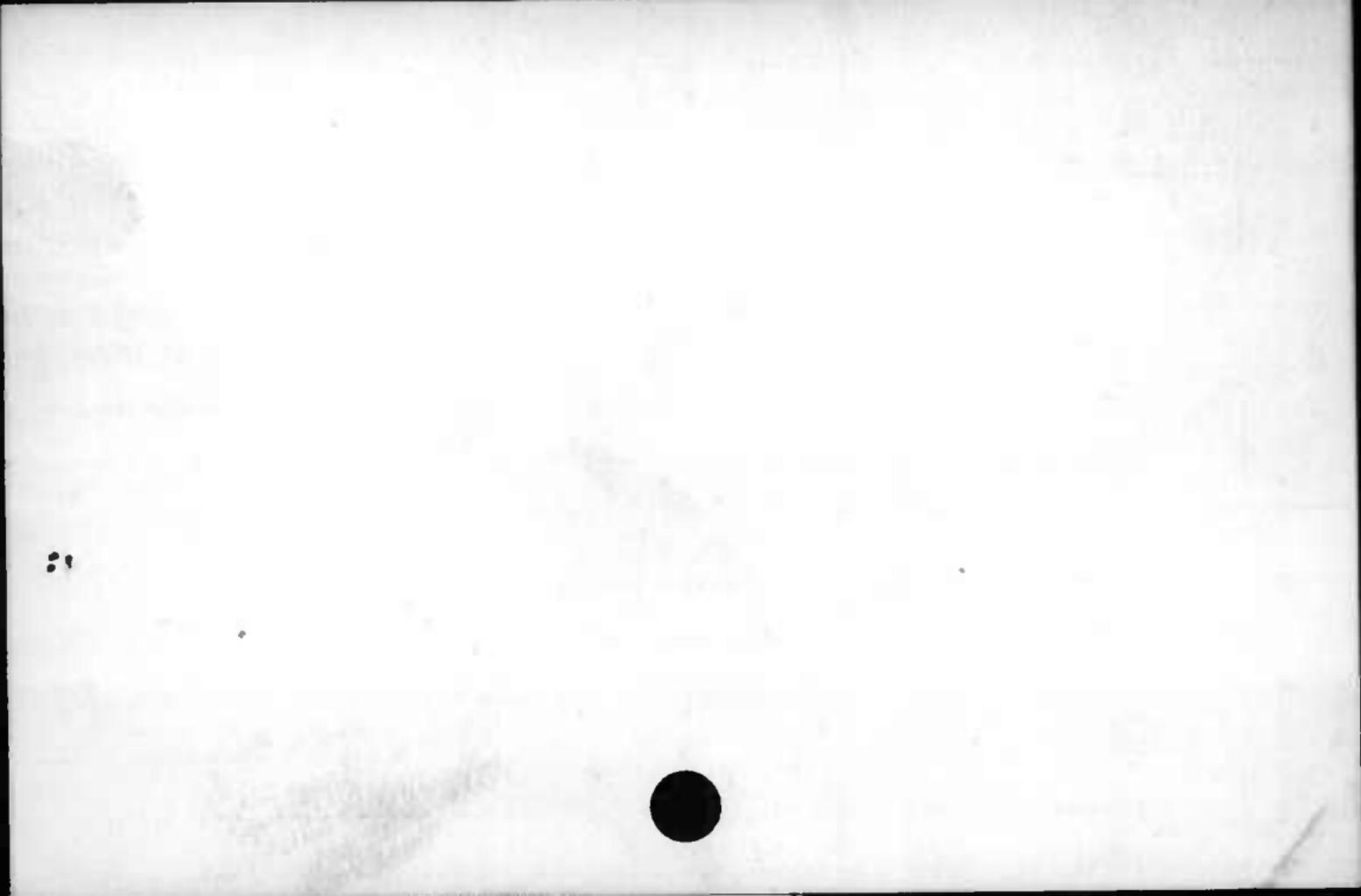
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Maplewood</u>		Town	County <u>Huntington</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>29</u>	Age <u>63</u>	Years <u>63</u>	Months <u>11</u>	Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Wark Co</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband					
Father's Name <u>Samuel McCaulay</u>	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information <u>Jacob McCaulay</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Gastric Cancer</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	<u>B.M. Daganian, M.D.</u>
	Address <u>Hagerstown, Md.</u>
Accident or Suicide? <u>N</u>	



Name  
in  
Full

Mrs Margaret McTusker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	68	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Isaac Rowland		Father's Birthplace	Md	
Mother's Maiden Name	Margaret Rowland		Mother's Birthplace	Md	
Name of person giving Information	Kellie McTusker		How related to deceased	Daughter	

CAUSES OF DEATH

Primary

Paralysis

How long

4 days

Immediate



How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. Thompson  
Hagerstown Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

no

Rose Hill

Name  
in  
Full

Mrs Clara Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	6	1	84	11	1
Sex	Color or Race	Birth-place			
Female	white	Germany.			
Occupation	Where Residing if not at place of death				
14 W.	—				
Married, Single or Widowed	Name of Wife or Husband	Conrad Miller			
Widow	Conrad Miller				
Father's Name	Augustof Beffner				
Mother's Maiden Name	Not Known				
Name of person giving Information	Mrs H. G. Holtz				
CAUSES OF DEATH					
Primary	Suicide				
Immediate	Suffocation				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes.			Address		
Off. O. Rager			Hagerstown, Md.		
Accident or Suicide?			No-		

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

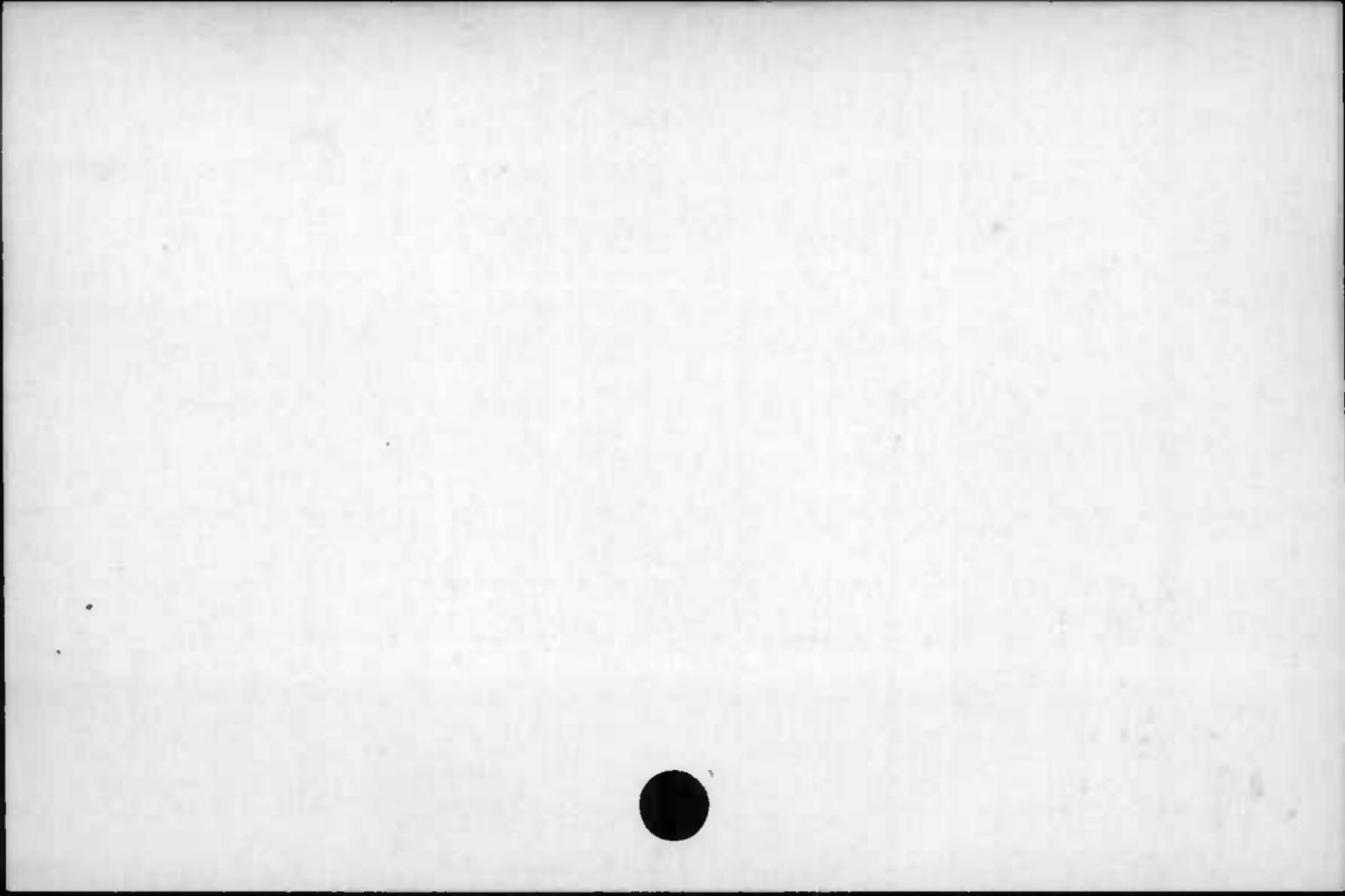
Died at		Town <u>Mapleville</u>	County <u>Washington</u>	MARYLAND	
Date of death	Month 1906	Day June 7 <sup>th</sup>	Years Age 37	Months 2	Days 25-
Sex <u>Female</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>House - wife</u>		Birth- place <u>Maryland</u>	
Occupation <u>House - wife</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jones Mose</u>			Father's Name <u>Friley Weaver</u>	Father's Birthplace <u>Maryland</u>
Father's Name <u>Friley Weaver</u>				Mother's Name <u>Kelby Shillito</u>	Mother's Birthplace <u>Maryland</u>
Mother's Maiden Name <u>Kelby Shillito</u>				Name of person giving Information <u>Jones Mose</u>	How related to deceased <u>Hus Waud</u>

## **CAUSES OF DEATH**

93

PHYSICIAN  
OR CORONER

Primary	Leprosy pronounced, collapse.	How long One week.
Immediate		How long Sudden.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address
Yes		
J. Shuley T. Wade, Booneboro. 3rd.		
Accident or Suicide? No.		



Name  
in  
Full

To BE ANSWERED BY  NEAREST FRIEND	Frederick T. Myerly					CERTIFICATE OF DEATH	
	Died at Hagerstown		Town County Washington		MARYLAND		
	Date of death 1904	Month 6	Day 28	Years 30	Months —	Days 29	
	Sex Male	Color or Race White		Birth-place Md			
	Occupation Engineer	Where Residing if not at place of death Clara Smith					
	Married, Single or Widowed Married	Name of Wife or Husband Margaret Klausbaum		Father's Name James T. Myerly	Father's Birthplace Md		
	Mother's Maiden Name			Mother's Birthplace Md			
	Name of person giving information				How related to deceased		
	CAUSES OF DEATH						
Primary	C. Eutintis			How long 106 days			
Immediate	Exhaustion			How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician M. P. Beck.				
			Address Hagerstown,				
Accident or Suicide?							

PHYSICIAN  
OR CORONER

Hag  
Watkins

Name  
in.  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Obernoster

CERTIFICATE OF DEATH

Died at	Town	County				
Wilmington Pa	Franklin	Pa	MARYLAND	Months	Days	
Date of death	Month	Day	Years	0	8	
1906	June	20	82			
Sex	female	Color or Race	W	Birth-place	Lancaster	
Occupation	Retired	Where Residing if not at place of death			Wilmington Pa	
Married, Single or Widowed	Widow	Name of Wife or Husband	George Garrison			Pa
Father's Name	Elizabet. Cane			Father's Birthplace	Lancaster	
Mother's Maiden Name	Elizabeth Cane			Mother's Birthplace	" "	
Name of person giving Information	John Obernoster			How related to deceased	Daughter	

CAUSES OF DEATH

Primary  
Cancer of breast

How long  
Three years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

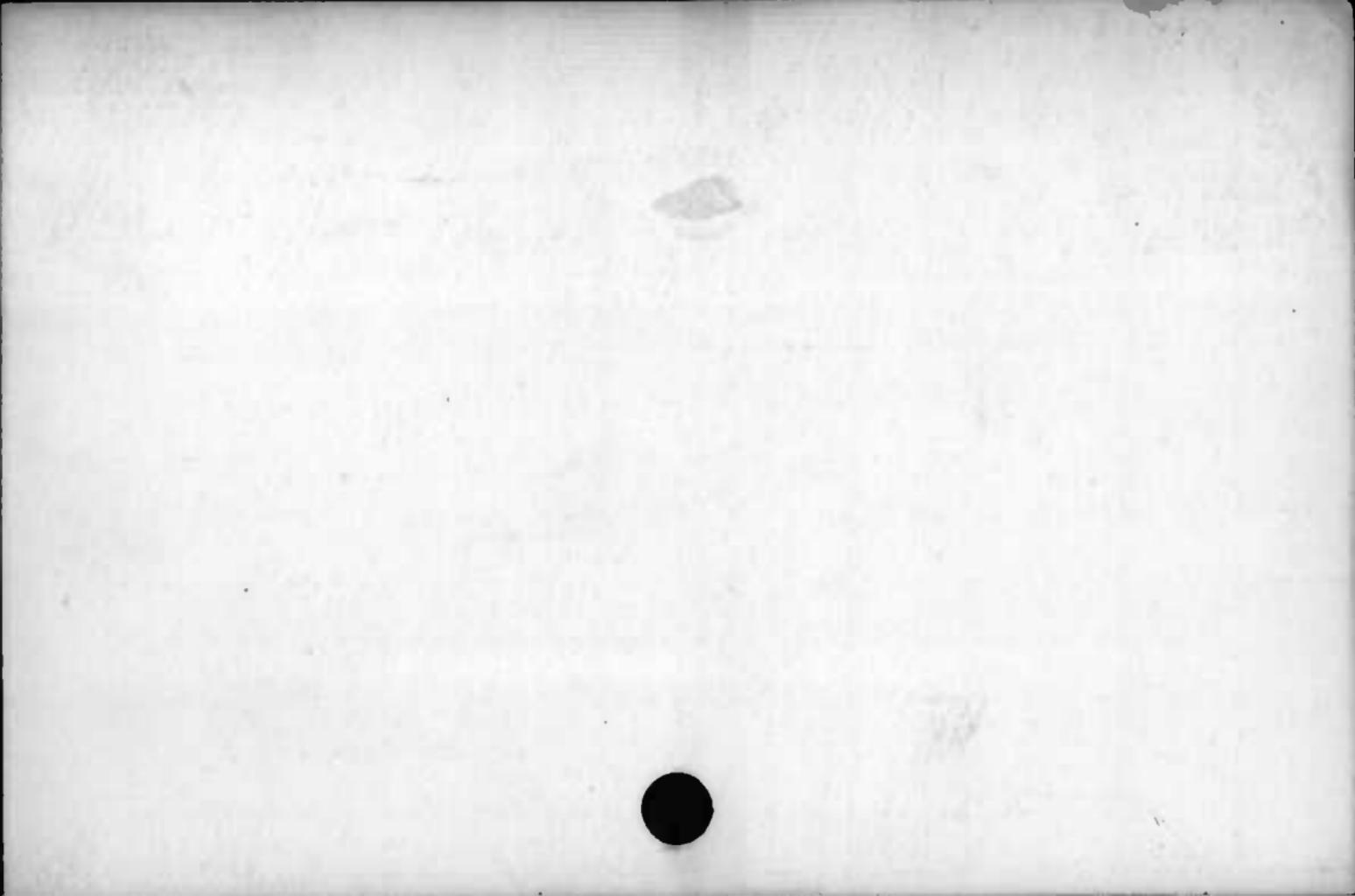
Signature of Physician

yes

Address

J. W. Wishard  
Leitersburg  
Md

Accident or Suicide?



Name  
in  
Full

Jacob H Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Amanda Stouffer		Europe	
Father's Name	Joseph Palmer		Mother's Birthplace		
Mother's Maiden Name	Catharine		Mother's Birthplace		
Name of person giving information	Amanda Stouffer		How related to deceased		Niece

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis (170)		How long
Immediate	Uremic Coma		Several Years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		Frank Quinn M.D.	24 hours
Address	Cheversville		
Accident or Suicide?	V Washington D.C.		

Beverley

Name  
in  
Full

Mary Louise Penner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel Penner			
Father's Name	Peter Miller			Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Hartman			Mother's Birthplace	Md
Name of person giving information	George W. Penner			How related to deceased	Son.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Asthenia

(19)

How long

One year

Immediate

Heart failure

How long

One week

Are the name, age, sex, color, date and place correctly given above?

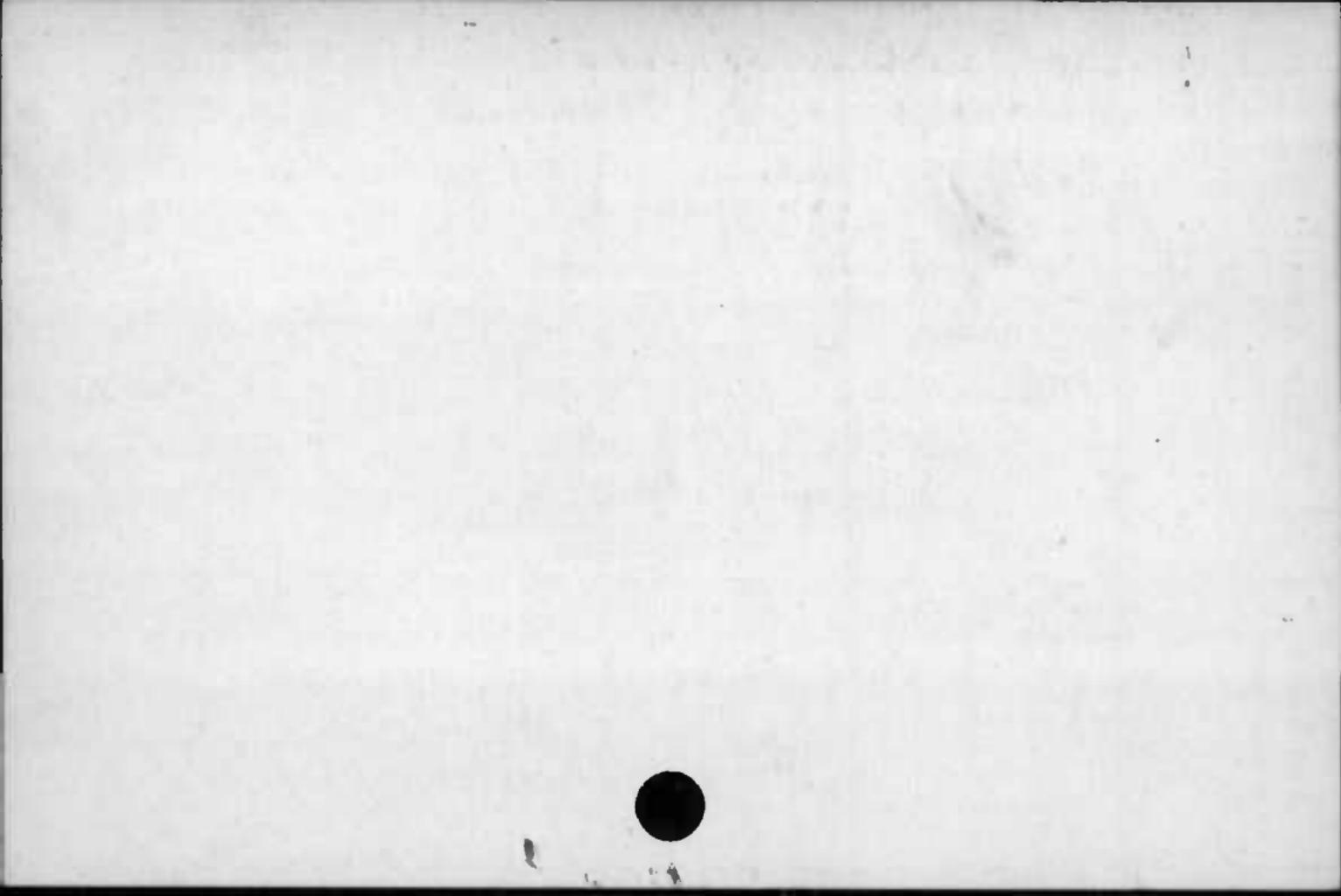
Yes

Signature of Physician

Address

Abraham Shank  
Bear Spring  
Washington Co.

Accident or Suicide?



Name  
in  
Full

Tekla Reidell

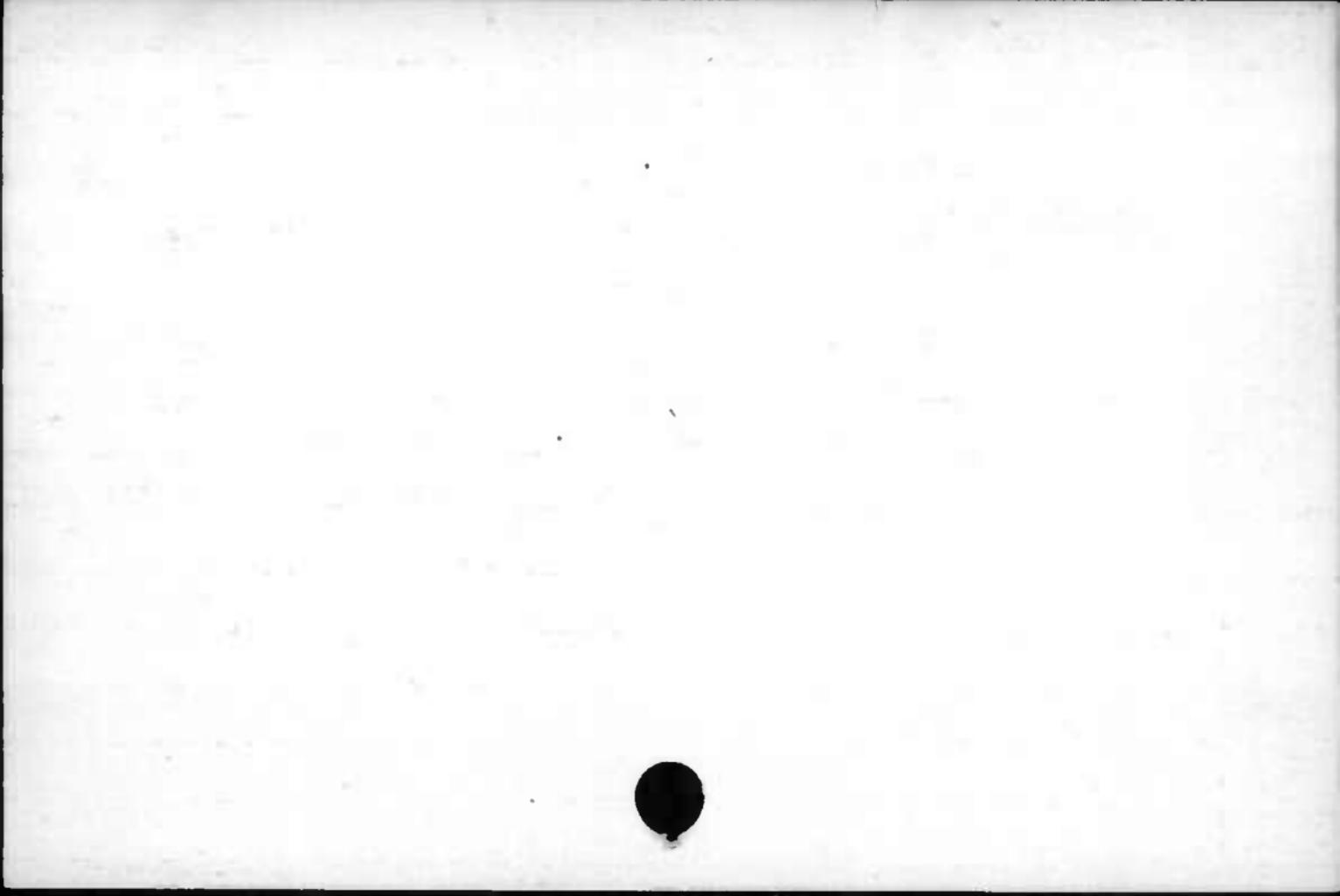
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race			Birth-place	
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Bernard Reidell		Father's Birthplace	Germany	
Mother's Maiden Name	Katherine Schneider		Mother's Birthplace	Germany	
Name of person giving information	Antonia Schneider		How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis	How long	6 mos.
	Immediate	Tuberculosis	How long	6 mos.
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	S. L. Wachter	
		Address	Sabillasville Md.	
	Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Franklin Rodenizer

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Years	Months Days
Sex	male	Color or Race	Age	white
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	William Rodenizer			
Mother's Maiden Name	Mozella Garlock			
Name of person giving information	Mozella Rodenizer mother			

CAUSES OF DEATH

Primary

Crofulosis  
Exhaustion

How long

Immediate

35

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. P. Hauff

Accident or Suicide?



Name  
in  
Full

Fannie Roscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Hazleton	Town	Washington	County	MARYLAND
Date of death	1906	Month	8	Day	29
Age	-	Years	-	Months	3-
Sex	Female	Color or Race	Colored	Birth-place	Md
Occupation	Housewife	Where Residing If not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Frances Roscoe			Father's Birthplace	Pa
Mother's Maiden Name	Mary Kennedy			Mother's Birthplace	Md
Name of person giving information	Mary Kennedy			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

105

How long

Immediate

Cholera Infantum

How long

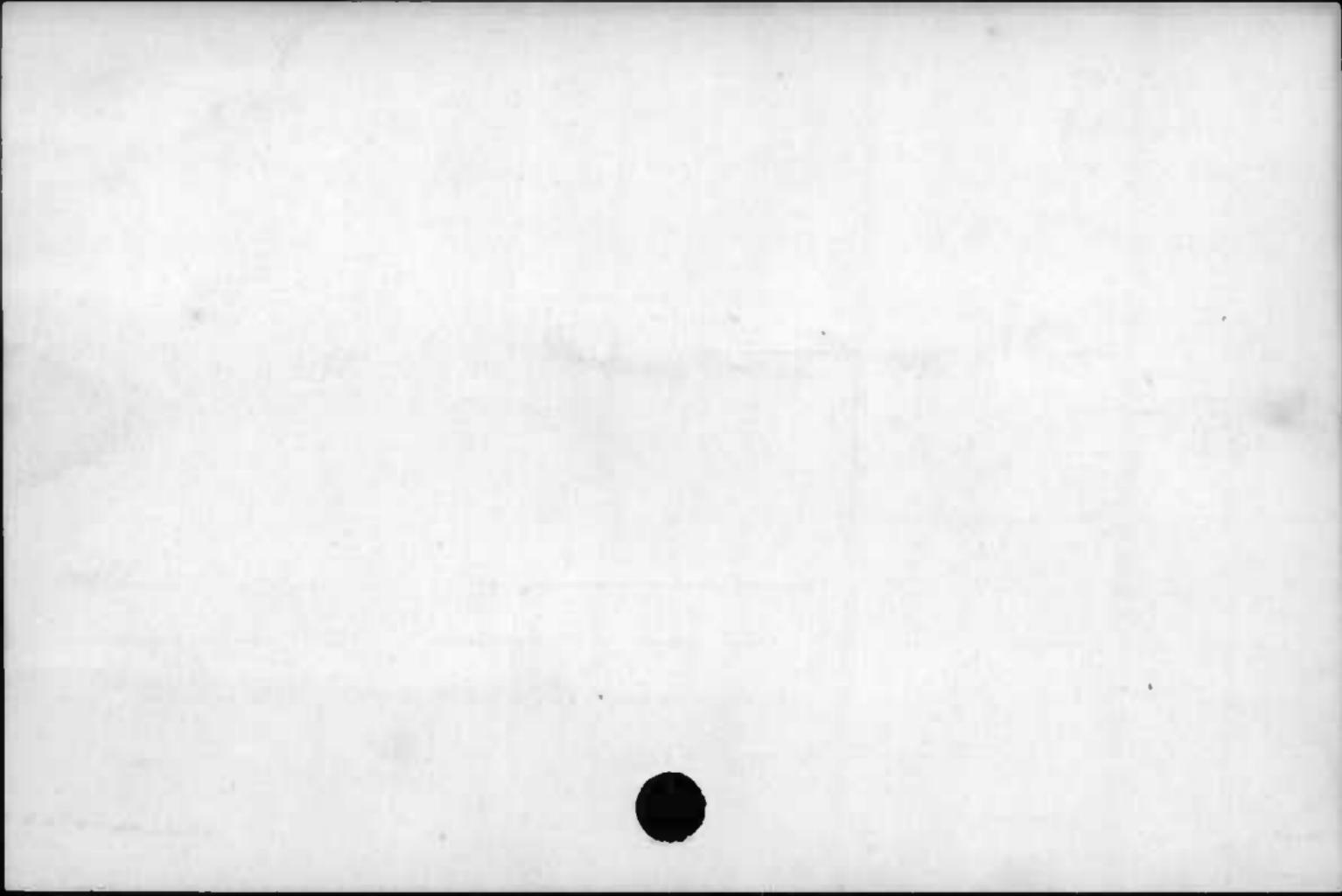
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A K Coffield  
Hazleton Md  
Vanderkam

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Samuel Shirley			
Mother's Maiden Name	Sarah O'Dowdy			
Name of person giving Information	father			

CAUSES OF DEATH

Primary

acute rheumatism

How long

ten days

Immediate

Signature of Physician

Are the name, age, sex, color, date and place correctly given above?

Address

yes

J.W. B. Boyle M.D.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles Siler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Mother's Maiden Name	Caroline Cooper	Mother's Name	Mother's Birthplace		
Name of person giving information	How related to deceased				

1906 6 30 — 7

male white Va

single Charles Siler father

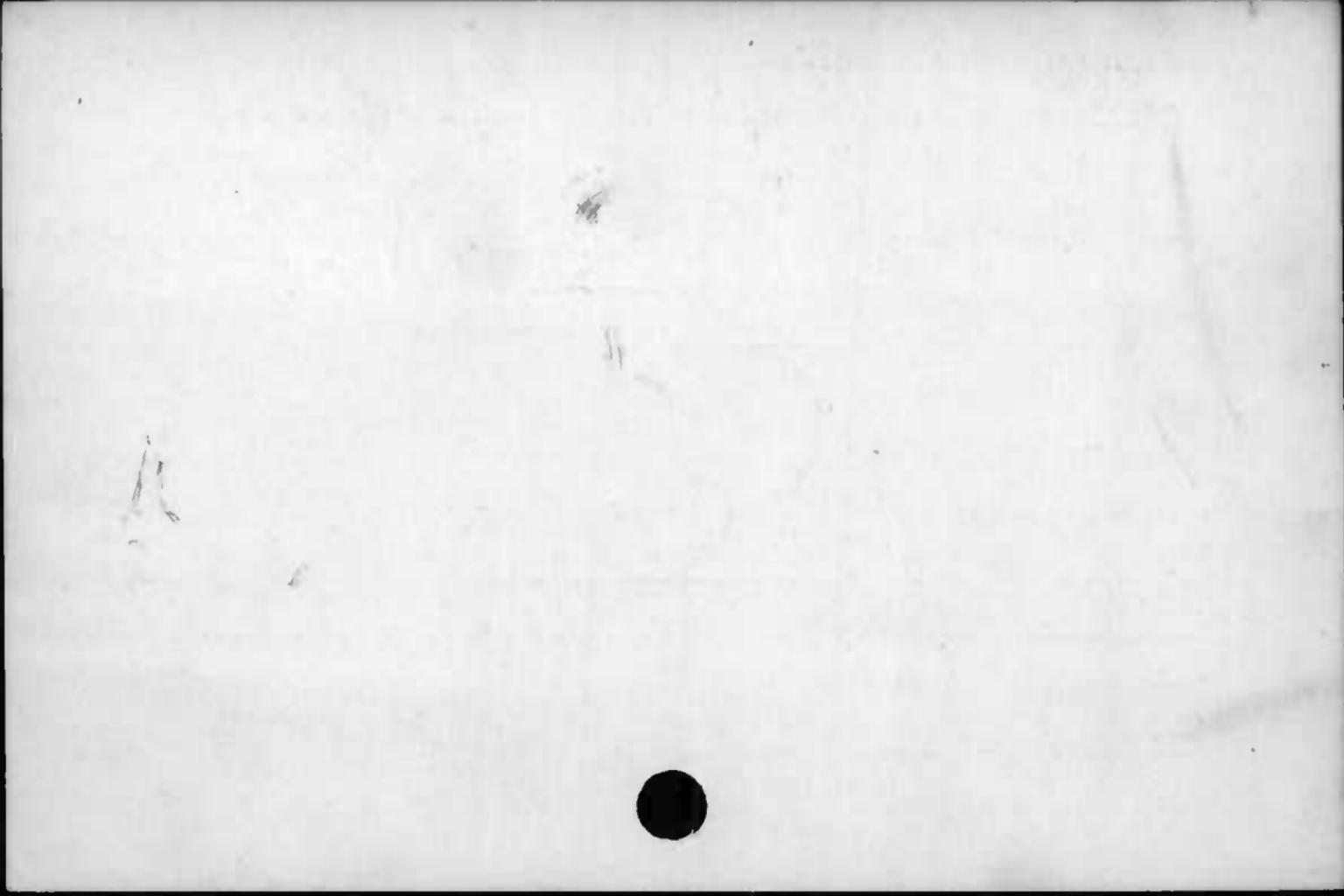
Caroline Cooper 11

C. J. Siler

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition (151)	How long
Immediate	Exhauation	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	H. S. Den-W.D. Malnutrition Md.	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

P H Y S I C I A N  
O R C O R O N E R

Lawrence H. Smith

Died at Hagerstown

Town

County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1906 Month 6 Day 14 Years 93 Months 3 Days 12

Sex Male

Color or Race

Colored

Birth-place

3

12

Occupation Barber

Where Residing if not  
at place of death

Married, Single  
or Widowed Single

Name of Wife or  
Husband

Father's Name

Samuel Smith

Father's Birthplace

Ind

Mother's Maiden Name

Georgetta Pasker

Mother's Birthplace

Nich

Name of person giving  
Information

Georgetta Pasker

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

6 mos

Immediate

Emphysema

How long

one month

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. Prayman  
Diagonal Street, Md

Accident or Suicide?

No

Halfway

Name  
in  
Full

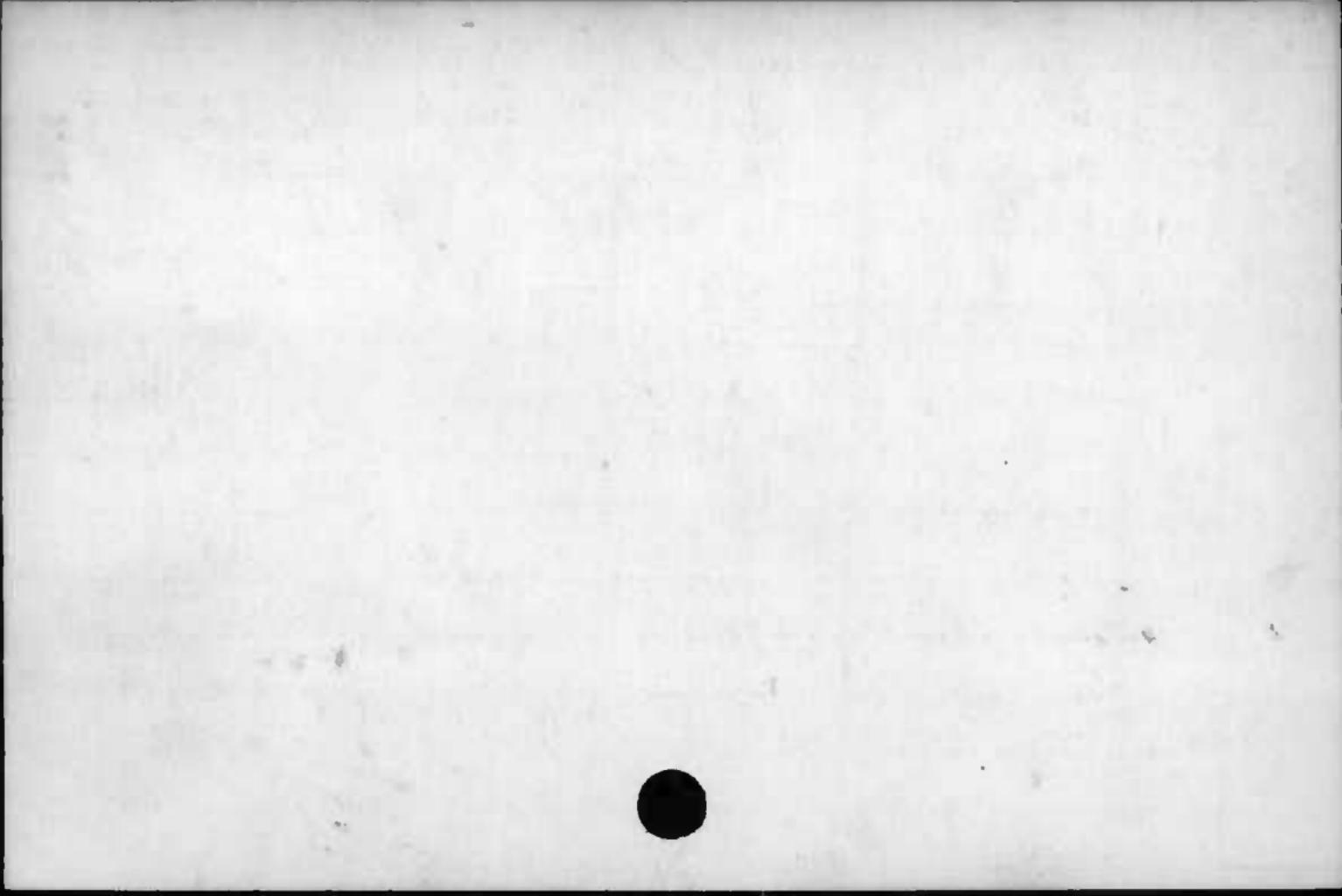
Frederick Mayhew Thomas

CERTIFICATE OF DEATH

ON THIS DAY  
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	6	10	43	2	29
Sex	Color or Race	Birth-place			
male	white	Orange N.J.			
Occupation	Where Residing if not at place of death				
Civil Engineer	Skaneateles N.Y.				
Married, Single or Widowed	Name of Wife				
married	Carolyn Lucas Thomas				
Father's Name	Lewis Thomas				
Mother's Maiden Name	Sarah Porter				
Name of person giving information	Carolyn Thomas				
CAUSES OF DEATH					
Primary	Tuberculosis (2)				
Immediate	"				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long	
yes		J.W. Koenigstein		two years	
		Address			
Accident or Suicide?		V		No	



Name  
in  
Full

Richard Earl Stoff.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cove town	Huntington			
Date of death	Month	Day	Years	Months	Days
1906	6	11	—	—	21
Sex	Male	Color or Race	White	Birth-place	Cove town
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		—		
Father's Name	Joseph L. Stoff		Father's Birthplace	Lefevre villa	
Mother's Maiden Name	Mary. M. Beck		Mother's Birthplace	Cavetown	
Name of person giving information	Joseph L Stoff.		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

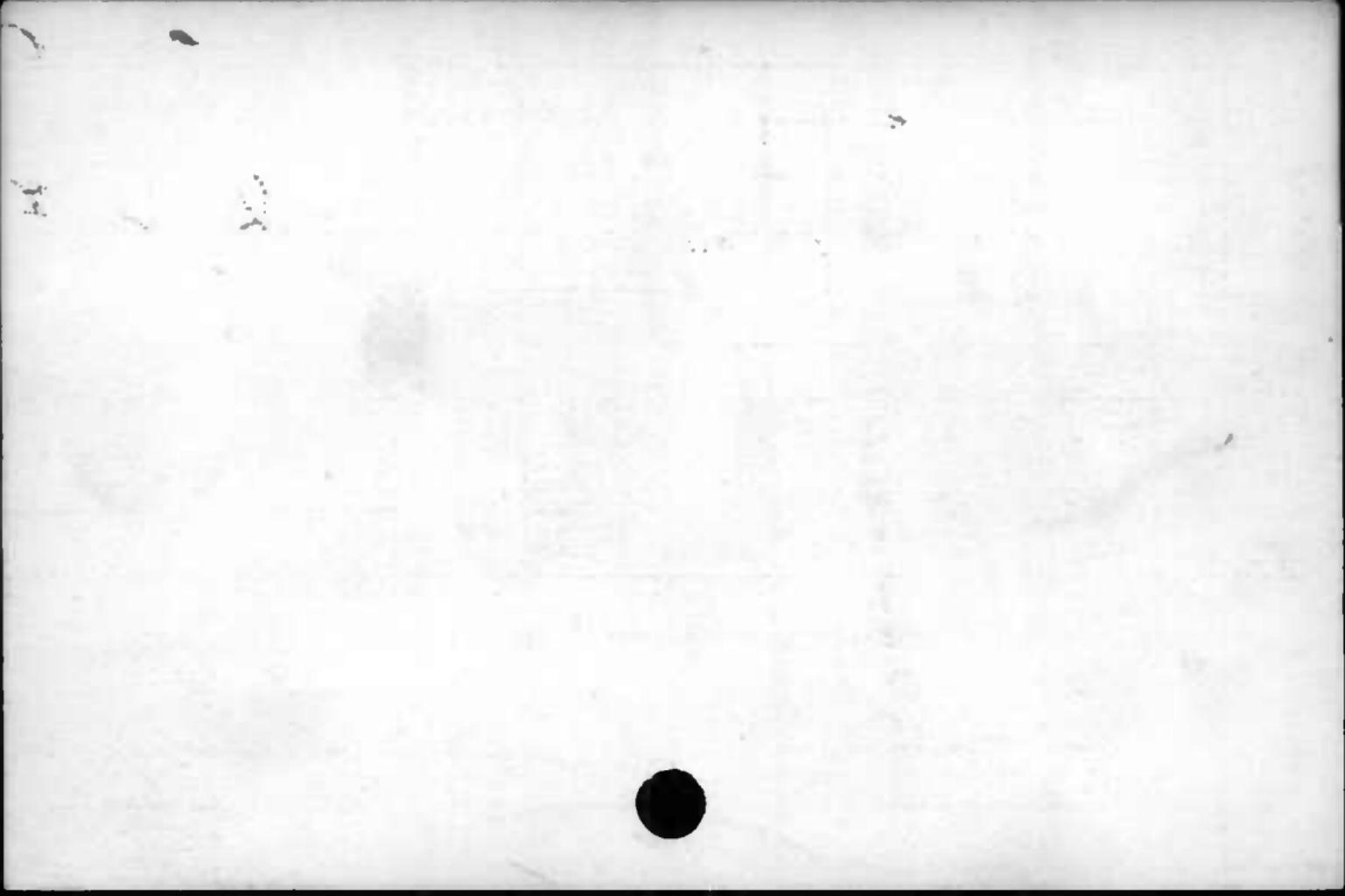
Dr. M. D. Kefauver

Yes

Address

Smithsburg  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Geo W. Wolfe

Town

Berryville

County

Clarke

CERTIFICATE OF DEATH

[REDACTED] Va.

Died at

Month

Day

Date

of death

1906

6

11

Years

35

Months

Days

Age

Sex

Color or  
Race

Birth-

place

Pennia

Occupation

R.R. Brakeman

Where Residing if not  
at place of death

Hagerstown Md.

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Mrs Phenix Ross Wolfe.

Father's  
Name

Scott Wolfe

Father's  
Birthplace

Pennia.

Mother's  
Maiden Name

Margaret Miller

Mother's  
Birthplace

"

Name of person giving  
Information

Mrs. G.W. Wolfe

How related  
to deceased

wife

CAUSES OF DEATH

Primary

Ground to death under  
bright train (accident)

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

G.W. Wolfe & Son Undertakers

Hagerstown, Md

Accident made?

Accident. No physician in attendance

